## UNITED STATES DISTRICT COURT Western District of New York

## ELECTRONIC CASE FILING SYSTEM REGISTRATION FORM

This form shall be used to register for an account on the Courts' Case Management/Electronic Files (CM/ECF) system. Registered attorneys will have privileges to electronically submit and to view the electronic docket sheets and documents. By registering, attorneys consent to receiving electronic notice of filings through the system. The following information is required for registration:

## PLEASE TYPE

First/Middle/Last Name: Benjamin M. Kleinman	
Firm Name: Kilpatrick Townsend & Stockton	, LLP
Firm Address: Two Embarcadero Center, Suite	1900
Voice Phone Number: 415-273-7568	FAX Number: 415-273-7122
Internet E-Mail Address: <u>bkleinman@kilpatrickto</u>	ownsend.com
Additional E-Mail Address: ecerletti@kilpatrickt	townsend.com
Does your E-Mail Software support HTML messa	ges? Yesx No
Attorneys seeking to file documents electron United States District Court for th	
Date admitted to practice in this Court:	
If admitted pro hac vice:	
Date motion for pro hac vice granted:	in case number:
By submitting this registration form, the undersigned ag and procedures governing the use of the electronic filing notice of filings pursuant to Fed. R. Civ. P. 5(b) and 77(d combination of user id and password will serve as the sig Attorneys must protect the security of their passwords a their password has been compromised.	system. The undersigned also consents to receiving l) via the Court's electronic filing system. The mature of the attorney filing the documents.
Benjam M. Xleinman	
Signature of Registrant	Date

## **Submit completed Registration Form to:**

Mary C. Loewenguth United States District Court Attn: CM/ECF Registration 2 Niagara Square Buffalo, New York 14202

Your login and password will be sent to you by the Office of the Clerk via the e-mail address you provided on your registration form. If you prefer to have your login and password sent by U.S. Mail, please write the address below and mark your initials as approval for an alternate delivery method:

Firm Address:		
Attorney Initials:		